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IQWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowe or received by the Governor on behalf of the state be reported to the lowe Ethics and Camperin Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

Indexed	For office use only
Audited _	
Checked	
Compute	r
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

ailing Address Cit	rt Dodge, Iowa 50501							
550 L Street For ailing Address City 515-574-4700								
ailing Address City								
515-574-4700	lailing Address City State Zin Code							
ca code a Telephone No.	515-574-4700 Sity, State, 21p code							
NTACT DEDCON FOR REGISTENT BETA DESCRIPTION								
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	E:							
Cornell R. Smith								
ame ame	Same							
ailing Address (if different from above)	City, State, Zip (if different from above)							
ornell.Smith@iowa.gov	515-574-4711							
nail Address	Area Code & Telephone Number (if different from above)							
NOR OF GIFT, BEQUEST, OR GRANT:								
	-							
Church of the Damascus Road								
39 North 11th Street, P.O. Box 834 Fort Dodge, Iowa 50501 ailing Address City, State, Zip Code								
ailing Address City, State, Zip Code 15-955-3579	August 27, 2008 \$ 75.00							
	Date of Gift, Bequest, or Grant Amount/Value*							
ea Code & Telephone Number	*value is defined as "fair market value" of item as determined by							
nail Address (optional)	receiving department or office. If no value mark "0.00".							
iali Address (optional)								
rovide a description of the gift, bequest, or grant and purpose thereof:								
	- Dill4-1 1 4 60 1 11 1							
wenty-five Gideons Pocket New Testament w/Psalm	is Bibles to be used at offender religious services.							
riteria to use this form:								
eceipt of any gift, bequest, or grant that is received by any department of	the state or received by the Governor on behalf of the state.							

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donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

2-10-08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

Indexed	For office use only	
Audited		-
Checked		-
Compute	r	

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Fort Dodge Correctional Facility		
Name of Department or Office 1550 L Street	Fort Dodge, Iowa 50501	
Mailing Address 515-574-4700	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT DEDOCN FOR DECIDION -		

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_			LIVOOIA		N	VECILIEIAI	DEPARTIME	= IN I	UK	OFFICE:

Cornell R. Smith	
Name	***************************************
Same	Same
Mailing Address (if different from above)	City, State, Zip (if different from above)
Cornell.Smith@iowa.gov	515-574-4711
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Deborah Russell - The Word	for You Today		
Name			
6525 Shild Rd # 500-D	Alpharetta, Georgia		
Mailing Address	City, State, Zip Code	August 26, 2008	\$ 25.00
866-249-6885 Ext.118		Date of Gift, Bequest, or Gran	nt Amount/Value*
Area Code & Telephone Number			ket value" of item as determined by e. If no value mark "0.00".
Email Address (optional)			

Provide a description of the gift, bequest, or grant and purpose thereof:

Daily devotional booklets to used by offenders during religious services.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Signature

7-7000